



Request for Volume Cap Extension

Email completed form to communications@afa.az.gov prior to Volume Cap expiration date. Requests will be considered received at the beginning of the day they were emailed so long as the Request is in order. This Request and the confirmation shown below are intended to comply with Section 146 of the Internal Revenue Code of 1986, as amended.

Project ID (as provided in original application confirmation) _____

Applicant (Issuer, Bond Counsel, or other Interested Party)

Company _____ Work Phone _____
Contact _____ Mobile Phone _____
Title _____ Email _____
Address _____

Amount of Volume Cap needing to be extended \$ _____

Reason extension is needed.

Describe any changes to details provided in the original Volume Cap request

Security Deposit

A refundable security deposit of 1% of the requested Volume Cap is required. The security deposit will be refunded upon proof of closing before the expiration of the extension. A security deposit is not required if one of the following applies:

Signature

Date

To be Completed by the Arizona Finance Authority

Confirmed Allocation Amount to be Extended \$ _____ Extension Expiration Date _____

AFA Program Manager (Signature) Date